

Acinetobacter Peritoneal Dialysis Related Peritonitis



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Acinetobacter Peritonitis (AP) is a serious complication in patient with peritoneal dialysis (PD) but there are few studies. AP account for 3% of all peritonitis episodes in adults. Morbility and mortality are relatively high because it is a multidrug resistant. Complications associated are common, like a loss of peritoneal function, septic shock or dead. In Mexico there is no information.



We analyzed the clinical features, antibiotics resistance, treatments and outcomes between AP against others agents

Table 1. C	haracteristics	AP (n = 23)
patients		
Male		15 (65.2)
Age (y)		48.17±19.2
Time on dialy	/sis	12.5±6.4
CAPD		12 (52.2)
Intermittent F	סי	11 (47.8)
Etiology		` '
Diabetic		14 (60.9)
Hypertensive		2 (8.6)
Glomerulone	phritis	0
Obstructive		1 (4.3)
Unknown		6 (26.1)
Hemoglobin	(g/dL)	8.8±2.0
Urea (mg/dL)		185.2±90
SCr (mg/dL)		10.99±6.3
Albumin (g/d	L)	1.66±0.58
Exit site infed	ction	5 (23.8)
Tip reposition	ning	5 (23.8)
Type:		
A. Bau	umannii	19 (82.6)
B. Jun	nii	2 (8.7)
C. Iwo	ffi	2 (8.7)

We analyzed 180 patients, 65% were male, with a mean age of 46 years. Fifty-three percent of the patients does not have previously dialysis therapy.

Only 52% of the patient had diagnosed endoscopy during their hospitalization, the rest were discharged with PPI after the resolution of symptoms and having received dialysis, while availing outpatient

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Table 2. Comparative	Acinetobacter	Other agents	P value	-0
Outcomes	Peritonitis(n=23)	Peritonitis (n=381)		5%
Diabetes	14 (63.6)	137 (42.2)	0.041	~
ntermittent PD	11 (47.8)	141 (51.5)	0.453	0
Relapse	2 (9.5)	33 (10.7)	0.611	10
Refractory	7 (31.8)	66 (21.3)	0.185	2
eptic shock	7(30.4)	49 (16.8)	0.092	
Catheter loss	15 (71.4)	188 (60.3)	0.575	
oss of PD modality	13 (61.9)	140 (47)	0.136	
lospital days	17.35±10.5	15.39±9.4	0.426	F
Aortality	6 (27.3)	29 (9.5)	0.023	
i month survival	12 (85.7)	177 (80.5)	0.473	
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Conclusions: Acinetobacter peritonitis is a rare but serious complication of PD, in our study the incidence was higher than reported in the literature, but 50% of AP were sensitive to aminoglycosides. Diabetes was the only predisposing factor. We observed higher mortality in this patients, therefore, early detection and targeted treatment are important to reduce complications.

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